

www.mass.gov/abcc

| LICENSE NUMBER: 0 | 58400001 | | CITY OR TOW | VN LAKEVILI | Æ |
|--|--|---|--------------------|--------------------------------------|-------------|
| APPLICATION FOR R | ENEWAL: | Annual | LIC | ENSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: H DOING BUSINESS A | ORCHID OF HAW | | | | |
| ADDRESS 201 BEDFC | ORD ST. | | | | |
| CITY/TOWN: LAKEV | /ILLE | STATE: MA | ZIP CODE: | : 02347 | |
| MANAGER: CHI CH | AN, TAT TYPE | OF LICENSE: | Restaurant | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| PLE | ASE ALSO VISIT OUR WEBS | ITE AND ENTER YOUR | EMAIL ADDRESS | | - |
| FIRST FLOOR OF A T BAR/LOUNGE AREA FLOOR UNDER THE S | WO STORY BLDG AND IN DINING R STAIRWAY LEADI | . ALCOHOLIC OOM. BEVERAING TO THE SI | AGE STORAGE W | | |
| I hereby certify and swe | = | | | | |
| | license will be of the nas complied with all | • • | • | | |
| | are now open for bu | | | ig to taxes, and | |
| | | | , | | |
| SIGNED BY | | | | | |
| I | ndividual, Partner or | Authorized Cor | porate Officer | | |
| | | | | | |
| DATE | | | | | |
| DATE: | TELEPHONE 1 | NUMBER: | | YER IDENTIFICAT Individual Social S | |
| We the undersigned, a Acts of 2004, signed by named license and (2) of 2010. | y the building inspe | ctor and the he | ad of the fire dep | artment for the | above |
| Please Check Below: | | | LOCAL LICE | ENSING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: (If disapproved explain) | | | | | |
| (11 disapproved explain) | | | | | |
| | | | | | |
| DATE: | | | | | |



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| LICENSE NUMBER: 058400 | 0003 | CITY OR TOWN LAKEVIL | LE |
|--------------------------------|-------------------------------------|--|------------------|
| APPLICATION FOR RENE | WAL: Annual | LICENSED FOR 2 | 013 |
| | CLASS | | YEAR |
| LICENSEE NAME: LAKE | VILLE AERIE NO. 3994 | | |
| DOING BUSINESS A FRA | TERNAL ORDER OF EAGLES | S INC. | |
| ADDRESS 217 COUNTY S | Γ. | | |
| CITY/TOWN: LAKEVILLI | E STATE: MA | ZIP CODE: 02347 | |
| MANAGER: ANDERSEN DEBORAH | TYPE OF LICENSE: C | Club CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | |
| PLEASE AL | SO VISIT OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | _ |
| DESCRIPTION OF LICENS | ED PREMISES: | | |
| DOORS WEST SIDE, FIRST | | E DOOR NORTH SIDE AND TW SIDE IN BASEMENT. LOUNGE D KITCHEN IN BASEMENT | |
| I hereby certify and swear un- | | | |
| 1. the renewed licens | se will be of the same type for the | ne same premises now licensed; | |
| 2. the licensee has co | omplied with all laws of the Cor | mmonwealth relating to taxes; and | |
| 3. the premises are n | ow open for business (If not exp | plain below) | |
| | | | |
| SIGNED BY Individ | dual, Partner or Authorized Cor | porate Officer | |
| | | | |
| | | | |
| DATE: | ΓELEPHONE NUMBER: | EMPLOYER IDENTIFICATION OF A STATE OF A STAT | |
| | | (Note: NOT Individual Social S | Security Number) |
| Acts of 2004, signed by the | building inspector and the he | the certificate required by Chapt ad of the fire department for the surance required by Chapter 110 | e above |
| Please Check Below: | | LOCAL LICENSING AUTH | ORITY |
| APPROVED: | | By: | |
| DISAPPROVED: | | | |
| (If disapproved explain) | | | |
| | | | |
| DATE: | | | |
| | | | |



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| LICENSE NUMBER | 058400006 | | CITY OR TOWN | LAKEVILLE |
|-----------------------------------|-------------------------------------|--|-------------------------------|---|
| APPLICATION FOR | R RENEWAL: | Annual | LICEN | ISED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAME: DOING BUSINESS | _ | TMENT GROUP, LTI | D., | |
| ADDRESS 20 LEON | NARD STREET | | | |
| CITY/TOWN: LAK | EVILLE | STATE: MA | ZIP CODE: | 02347 |
| | KOW, DANIEL TYP RLES | PE OF LICENSE: Rest | caurant C | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | | |
| | PLEASE ALSO VISIT OUR WI | EBSITE AND ENTER YOUR EM | AIL ADDRESS | |
| DESCRIPTION OF | LICENSED PREMIS | SES: | | |
| AREA,KITCHEN, B FLOOR. LOWR LE | AR AREA, PRO SH VEL, LOCKER, STO | OUSE CONSISTING OP AND TWO REST ORAGE AND UTILIT ERVED AT BAR,DIN | TROOMS. 4 EXIT Y ROOMS.ONE | S ON GROUND EXIT WITH |
| I hereby certify and s | wear under penalties | of perjury that: | | |
| 1. the renew | ed license will be of | the same type for the s | same premises now | licensed; |
| 2. the license | ee has complied with | all laws of the Comm | onwealth relating t | to taxes; and |
| 3. the premis | ses are now open for | business (If not explain | in below) | |
| SIGNED BY | Individual, Partner | or Authorized Corpor | rate Officer | |
| DATE: | TELEBLION | E MUMDED. | EMPLOYE | R IDENTIFICATION NUMBER: |
| | TELEPHON | E NUMBER: | | dividual Social Security Number) |
| Acts of 2004, signed | by the building ins | spector and the head | of the fire depart | ed by Chapter 304 of the ment for the above Chapter 116 of the Acts |
| Please Check Below: | | | LOCAL LICENS | SING AUTHORITY |
| APPROVED: | | | By: | |
| DISAPPROVED: | | | | |
| (If disapproved expla | nin) | | | |
| | | | | |
| DATE: | | | | |
| | | | | |



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| LICENSE NU | MBER: 058400009 | | CITY OR TOWN LAKEVILLE | |
|--------------------------|-------------------------------------|-------------------------------|--|---------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR 2013 | |
| | | CLASS | YEA | AR |
| LICENSEE N DOING BUSI | AME: LAKEVILLI NESS A | E GOLF CLUB, INC | | |
| ADDRESS 44 | CLEAR POND RD | | | |
| CITY/TOWN | : LAKEVILLE | STATE: MA | ZIP CODE: 02347 | |
| MANAGER: | MAKSY, MADELYN | TYPE OF LICENSE: Res | taurant CATEGORY: All | Alcohol |
| EMAIL ADDI | RESS: | | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR EM | IAIL ADDRESS | |
| DESCRIPTIO | N OF LICENSED PI | REMISES: | | |
| WITH STORA HARCOURT | AGE IN CELLAR. O AVE. STORAGE TO | NE STORY, ONE ROOM | ND LOUNGE ON MAIN FLOOR, WOOD FRAME PRO SHOP OFF WHICH BEVERAGES WILL BE IR SLIDING DOORS | |
| I hereby certify | y and swear under pe | nalties of perjury that: | | |
| 1. the | renewed license will | be of the same type for the | same premises now licensed; | |
| 2. the | licensee has complie | d with all laws of the Comn | nonwealth relating to taxes; and | |
| 3. the | premises are now op | en for business (If not expla | in below) | |
| SIGNED BY | | Partner or Authorized Corpo | rate Officer | |
| DATE: | | | | |
| DATE. | TELEI | PHONE NUMBER: | EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securit | |
| | | | (1866. 1862) Individual Social Securi | ly Ivallioci) |
| Acts of 2004, | signed by the build | ing inspector and the head | e certificate required by Chapter 30 of the fire department for the abo rance required by Chapter 116 of t | ve |
| Please Check Bel | ow: | | LOCAL LICENSING AUTHORIT | ГΥ |
| APPROVED: | | | By: | |
| DISAPPROV | | | | |
| (If disapprove | d explain) | | | |
| | | | | |
| DATE: | | | | |
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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 058 | 3400011 | | CI | TY OR TOWN | LAKEVILI | LE |
|---|---|--|--------------------------------|--------------------------------------|------------|--------------------------------|
| APPLICATION FOR RE | NEWAL: | Annu | ıal | LICEN | SED FOR 20 |)13 |
| | | CLA | SS | | | YEAR |
| LICENSEE NAME: SA | VAS LIQUORS,I | NC | | | | |
| DOING BUSINESS A | | | | | | |
| ADDRESS 330 BEDFOR | D ST | | | | | |
| CITY/TOWN: LAKEVI | LLE | STATE: | MA | ZIP CODE: | 02347 | |
| MANAGER: SAVAS, I | RAKLI A TYPE | E OF LICEN | SE:Packag | ge Store CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| DESCRIPTION OF LICE ONE STORY CONCRET I hereby certify and swear 1. the renewed lic 2. the licensee ha 3. the premises an | under penalties of cense will be of the s complied with a | of perjury that he same type all laws of the | nt: for the san e Common | ne premises now wealth relating t | licensed; | |
| SIGNED BY | lividual, Partner o | or Authorized | l Corporate | e Officer | | |
| DATE: | TELEPHONE | NUMBER: | | EMPLOYER (Note: <u>NOT</u> Inc | | TON NUMBER: ecurity Number) |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | | | LOCAL LICENS By: | SING AUTHO | ORITY |
| DATE: | | | = | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 058400012 | | CI | I Y OK IOV | VN LAKEVILI | LE |
|--|---|-----------------|--------------|------------|--------------------------------------|-------------|
| APPLICATION FOR | RENEWAL: | Annua | ıl | LIC | ENSED FOR 20 | 013 |
| | | CLAS | S | | | YEAR |
| LICENSEE NAME: DOING BUSINESS A | A | E & SPIRITS, | INC. | | | |
| ADDRESS 157 BEDI | | | | | | |
| CITY/TOWN: LAK | EVILLE | STATE: | MA | ZIP CODE | : 02347 | |
| MANAGER: DONI DAVI | NELLY, TYP D J. JR. | E OF LICENS | E:Packag | e Store | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| P | LEASE ALSO VISIT OUR WE | BSITE AND ENTER | YOUR EMAIL | ADDRESS | | _ |
| DESCRIPTION OF L | ICENSED PREMIS | ES: | | | | |
| TWO STORY WOOI AND SOUTH SIDES BASEMENT | | | | | | |
| | e has complied with a es are now open for b | ousiness (If no | t explain l | pelow) | ng to taxes; and | |
| | Individual, Partner | or Authorized | Corporate | Officer | | |
| DATE: | TELEPHONE | E NUMBER: | | | YER IDENTIFICAT Individual Social S | |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | n) | | | OCAL LICI | ENSING AUTH | ORITY |
| DATE: | | | - | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER | :058400013 | | CITY OR TOWN | LAKEVILLE |
|------------------------------------|-----------------------|--------------------------|----------------|--|
| APPLICATION FOR | RENEWAL: | Annual | LICEN | SED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAME: | BBP,INC | | | |
| DOING BUSINESS | A MUCKEY'S | | | |
| ADDRESS 13 HARI | OING ST, S/S 44 | | | |
| CITY/TOWN: LAK | EVILLE | STATE: MA | ZIP CODE: | 02347 |
| | INGER, TY | YPE OF LICENSE: Pa | ckage Store CA | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | | |
| I | PLEASE ALSO VISIT OUR | WEBSITE AND ENTER YOUR I | EMAIL ADDRESS | |
| DESCRIPTION OF I | LICENSED PREM | IISES: | | |
| ONE STORY BLDG EGRESS IN REAR O | | APPROX 5312 SF. FR | ONT ENTRANCE W | /ITH MEANS OF |
| 3. the premis | | or business (If not exp | | |
| | | | | |
| | | | | |
| DATE: | TELEPHO | NE NUMBER: | | R IDENTIFICATION NUMBER: lividual Social Security Number) |
| Please Check Below: | | | LOCAL LICENS | SING AUTHORITY |
| APPROVED: DISAPPROVED: | | | By: | |
| (If disapproved expla | in) | | | |
| | | | | |
| DATE: | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 058400015 | | CITY OR TOWN | LAKEVILI | LE |
|---|------------------------------|-----------------------------------|------------------|-----------------|
| APPLICATION FOR RENEWAL: | Annual | LICEN | SED FOR 20 |)13 |
| | CLASS | | | YEAR |
| LICENSEE NAME: JOSEPH R S' DOING BUSINESS A STARR'S CO | | | | |
| ADDRESS 78 MAIN ST | | | | |
| CITY/TOWN: LAKEVILLE | STATE: MA | ZIP CODE: | 02347 | |
| MANAGER: | TYPE OF LICENSE: Pa | ckage Store C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| PLEASE ALSO VISIT (| OUR WEBSITE AND ENTER YOUR I | EMAIL ADDRESS | | - |
| DESCRIPTION OF LICENSED PRI | | | | |
| ONE STORY WOOD AND CEMEN AND COOLER ON MAIN FLOOR; | | | . STORAGE | ROOM |
| I hereby certify and swear under pena | alties of perjury that: | | | |
| 1. the renewed license will b | be of the same type for the | e same premises now | licensed; | |
| 2. the licensee has complied | with all laws of the Com | monwealth relating to | taxes; and | |
| 3. the premises are now open | n for business (If not exp | lain below) | | |
| | | | | |
| SIGNED BY | | | | |
| Individual, Pa | rtner or Authorized Corp | orate Officer | | |
| | | | | |
| DATE. | | | | |
| DATE: TELEPI | HONE NUMBER: | EMPLOYER (Note: NOT Ind | | ION NUMBER: |
| | | | | |
| | | , | ividuai Sociai S | ecurity Number) |
| Diagra Chack Ralow | | | | |
| Please Check Below: APPROVED: | | LOCAL LICENS | | |
| APPROVED: | | | | |
| | | LOCAL LICENS | | • |
| APPROVED: DISAPPROVED: | | LOCAL LICENS | | • |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 058400019 | | CITY OR TOWN | LAKEVIL | LE |
|--|---|---|---------------------|----------------|--------------------------|
| APPLICATION FO | R RENEWAL: | Annual | LICE | NSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS | A TUTTO ITAL | | | | |
| ADDRESS 12 HAR | | | ZID CODE | 02247 | |
| CITY/TOWN: LAI | | STATE: MA | | 02347 | |
| MANAGER: | - | ГҮРЕ OF LICENSE:Р | ackage Store (| CATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | |
| DECCRIPTION OF | | R WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | |
| DESCRIPTION OF JAMESWAY PLAZ | | | | | |
| | | | | | |
| 2. the licens | ved license will be see has complied v | ties of perjury that: of the same type for the vith all laws of the Corfor business (If not exp | nmonwealth relating | | |
| SIGNED BY | Individual, Part | tner or Authorized Cor | porate Officer | | |
| DATE: | TELEPH | ONE NUMBER: | | ER IDENTIFICAT | |
| Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain | ain) | | LOCAL LICEN By: | ISING AUTH | ORITY |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 158400020 | | CITY OR TO | WN LAKEVIL | LE |
|---|---------------------------|---------------------|-------------------------|--------------------------------------|--------------------------|
| APPLICATION FOR F | RENEWAL: | Annual | Ll | CENSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: (| GULF RESOURCES | INC. | | | |
| DOING BUSINESS A | | | | | |
| ADDRESS 33 BEDFO | ORD STREET | | | | |
| CITY/TOWN: LAKE | VILLE | STATE: MA | ZIP COD | E: 02346 | |
| MANAGER: CARRI RICHA | | OF LICENSE: Pac | ckage Store | CATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | |
| PLI | EASE ALSO VISIT OUR WEBSI | TE AND ENTER YOUR E | MAIL ADDRESS | | _ |
| DESCRIPTION OF LIC | CENSED PREMISES | S: | | | |
| 40'X60', 1 STORY WC 18) APPROXIMATEL BASEMENT. ONE EN | Y ONE MILE SOUT | H OF MIDDLEB | ORO ROTAR | | |
| I hereby certify and swe | ear under penalties of | perjury that: | | | |
| 1. the renewed | license will be of the | same type for the | same premises | now licensed; | |
| | has complied with all | * - | - | | |
| | are now open for bu | | | | |
| | | | | | |
| SIGNED BY | | | | | |
| 1 | Individual, Partner or | Authorized Corpo | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHONE N | NUMBER: | | OYER IDENTIFICAT | |
| | | | (Note: <u>NC</u> | <u>DT</u> Individual Social S | Security Number) |
| | | | | | |
| Please Check Below: | | | LOCAL LIC | CENSING AUTH | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved explain |) | | | | |
| | | | | | |
| DATE: | | | | | |
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| LICENSE NUMBER: 058400022 | | CITY OR TOWN LAKEVILLE |
|--|---------------------------|--|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR 2013 |
| | CLASS | YEAR |
| LICENSEE NAME: LE BARON OPE | ERATING COMPANY, | LLC |
| DOING BUSINESS A LE BARON HI | LLS COUNTRY CLUB | 3 |
| ADDRESS 183 RHODE ISLAND RD. | | |
| CITY/TOWN: LAKEVILLE | STATE: MA | ZIP CODE: 02347 |
| MANAGER: WILL, FRANCIS A. T | YPE OF LICENSE: Rest | caurant CATEGORY: All Alcohol |
| EMAIL ADDRESS: | | |
| PLEASE ALSO VISIT OUR | WEBSITE AND ENTER YOUR EM | AIL ADDRESS |
| DESCRIPTION OF LICENSED PREM | | |
| HOLES I-18 CONSISTING OF APPROCLUBTWELVE EXITS ON THE ODOWNSTAIRS KITCHEN FOR LIQU | PERATIONAL FLOOR | AND TWO FACILITIES IN |
| I hereby certify and swear under penalti | | LE COOLLEG LOCATED AT BAK |
| 1. the renewed license will be of | | same premises now licensed: |
| 2. the licensee has complied wi | 7.2 | - |
| 3. the premises are now open for | | _ |
| | | |
| SIGNED BY | | |
| Individual, Partn | er or Authorized Corpor | rate Officer |
| | | |
| | | |
| DATE: TELEPHO | ONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: |
| | | (Note: NOT Individual Social Security Number) |
| Acts of 2004, signed by the building i | inspector and the head | certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts |
| Please Check Below: | | LOCAL LICENSING AUTHORITY |
| APPROVED: | | By: |
| DISAPPROVED: | | |
| (If disapproved explain) | | |
| | | |
| DATE: | | |



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| | MBER: 058400024 | | CITY OR TOWN LAKEVILLE | |
|--|---|-------------------------------------|--|-----|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR 2013 | |
| | | CLASS | YEAR | |
| LICENSEE N. | AME: THE BACK NINE | E CLUB,LLC | | |
| DOING BUSI | NESS A | | | |
| ADDRESS 17 | HERITAGE HILL DRIV | Е | | |
| CITY/TOWN: | LAKEVILLE | STATE: MA | ZIP CODE: 02347 | |
| MANAGER: | KLIEN,MARK TY JOSEPH | PE OF LICENSE: Res | taurant CATEGORY: All Alcoho | ol |
| EMAIL ADDI | RESS: | | | |
| | PLEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR EM | IAIL ADDRESS | |
| DESCRIPTIO | N OF LICENSED PREMI | SES: | | |
| AREA,DININ | G ROOM AND DECK ON ER RESTROOM IN BASE | N FIRST FLOOR;DIN MENT.ALCOHOLIC | ND BASEMENT, KITCHEN, BAR ING AREA/LOUNGE, LOCKER ROOM BEVERAGES STORED IN BAR AREA D LOCKED BULK STORAGE AREA IN | |
| I hereby certify | y and swear under penaltie | s of perjury that: | | |
| 1. the | renewed license will be of | the same type for the | same premises now licensed; | |
| | • | | nonwealth relating to taxes; and | |
| 3. the | premises are now open for | business (If not expla | in below) | |
| SIGNED BY | Individual, Partne | r or Authorized Corpo | rate Officer | |
| | | | | |
| DATE: | TELEPHON | IE NUMBER: | EMPLOYER IDENTIFICATION NUMBE | R: |
| | | | (Note: NOT Individual Social Security Number | er) |
| Acts of 2004, | signed by the building in | spector and the head | (Note: <u>NOT</u> Individual Social Security Number certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Act | ie |
| Acts of 2004, named license | signed by the building in e and (2) the certificate o | spector and the head | e certificate required by Chapter 304 of the of the department for the above | ie |
| Acts of 2004, named license of 2010. Please Check Beld APPROVED: DISAPPROVI | signed by the building in e and (2) the certificate o | spector and the head | e certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Act | ie |
| Acts of 2004, named license of 2010. Please Check Beld APPROVED: DISAPPROVI | signed by the building in e and (2) the certificate o | spector and the head | e certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Act | ie |



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| LICENSE NUMBE | ENSE NUMBER: 058400025 CITY OR TOWN LA | | | | | VILLE |
|---|--|-----------------------------------|-----------------------|---|------------------|------------------------------|
| APPLICATION FO | R RENEWAL: | Annual LI | | | ICENSED FOR 2013 | |
| | | CLASS | | | | YEAR |
| DOING BUSINESS | LAKEVILLE VIRT | | | | P INC. | |
| ADDRESS 166 CO | UNTY ROAD | | | | | |
| CITY/TOWN: LA | KEVILLE | STATE: | MA | ZIP CODI | E: 02347 | |
| MANAGER: KIT S. | CHEN, MARK TYP | E OF LICENS | SE:Genera premis | | CATEGO | RY: Wine and Malt Regular |
| EMAIL ADDRESS | : | | | | | |
| | PLEASE ALSO VISIT OUR WE | BSITE AND ENTER | YOUR EMAIL | ADDRESS | | |
| | LICENSED PREMIS | | | | | |
| LOCATED WITHI | ACE CONTAINING A N A ONE STORY CO RED IN BEVERAGE | MMERCIAL/ | RETAIL | BUILDING | ALCOHO | LIC |
| the renev the licens | swear under penalties of the ved license will be of the see has complied with a sies are now open for the see are now ope | he same type f all laws of the | for the sar Common | wealth relat | | |
| SIGNED BY | Individual, Partner | or Authorized | Corporat | e Officer | | |
| | | | | | | |
| DATE: | ATE: TELEPHONE NUMBER: | | | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) | | |
| Acts of 2004, signe | ed, attest that we are indeed by the building inspect (2) the certificate of its content of the certificate of its content of the certificate of its content | pector and th | e head of | the fire de | partment for | the above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | | | LOCAL LICENSING AUTHORITY By: | | |
| DATE: | | | • | | | |